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DR. DICK'S ALPHABETICAL NOTICES OF SUBJECTS CONNECTED WITH THE TREATMENT OF DYSPEPSIA.

[Continued from page 350, vol. xliii.]

MINERAL WATERS.—It is not our intention to give any detailed account of these, or of the appropriateness of some or all of them for the cure of a variety of diseases. We would desire, however, to take this opportunity of combating the fond prejudice of some persons, that the composition of natural mineral waters is (as regards our use of them as therapeutic agents) as happy as it possibly could be. Far from this being the case, we believe there is not one mineral water, whether of this, or of foreign countries, which (*as regards the treatment of disease*) art might not compound better than nature has, by suggesting a diminution of some ingredients, an increase of others. In a medicinal point of view, for example, we have to regret the very sparing distribution of the iodides, bromides, and fluorides of sodium and calcium.

England is rather fortunate in the variety and efficiency of its mineral waters. It possesses a simple saline spring in Epsom, a *cold* carbonated chalybeate in Tunbridge, a *hot* carbonated chalybeate in Bath, a saline chalybeate in Cheltenham and Scarborough, a sulphuric chalybeate in Hartfell, a cold sulphureous in Harrogate, and Moffat (in Scotland), simple *cold* and very pure springs in Malvern and Holywell, simple *thermal* springs in Bristol, Buxton and Matlock.

We shall very briefly notice some of the applications of the chief mineral waters.

Sulphureous waters, whether employed externally or internally, are *stimulant* and *alterative*, and are indicated in dartrous affections; in eczema and chronic impetigo; in psoriasis; lepra vulgaris; prurigo, &c.; in chronic rheumatism, gout, and in anchyloses. They are also recommended by some in chronic catarrhs, and in engorgements, simple or strumous, of the lymphatic glands; but we have not found their efficacy so marked in these last cases. They are of vast benefit in cases of wounds, more especially from gun-shots.

Chalybeate waters are *specific* in chlorosis, in anæmia, in atonic mucous discharges, such as leucorrhœa and blenorrhagia; in neuralgies not depending on plethora or inflammation, but on debility, &c.

Saline mineral waters are those which are only very slightly or not at

all sulphureous, chalybeate, alkaline or acidulous, but contain a greater or less proportion of neutral purgative salts. The waters heavily charged with these salts act purgatively; those less charged have a diuretic action.

Saline waters are indicated in engorgements of the abdominal organs, more especially of the liver; in jaundice, not depending on mechanical obstruction; in hyperæmic states of the stomachic, duodenal, and intestinal mucous membranes; in states of *systemic* plethora. On the Continent they are employed against biliary calculi, in vesical catarrh, and in suppression of the menses; but I do not much, or often, rely on them in these cases. Externally, in general baths, or local effusion or fomentation, saline waters are of great efficacy in dry cutaneous eruptions, in lichen, prurigo, chronic eczema; they are also useful in removing the thick incrustations of *impetigo figurata*. They work often wonderful effects in chronic rheumatism, in affections of the articulations, and in contractions of the muscles.

Alkaline waters, or those that abound in the bicarbonate of soda or potass. are of great benefit in two sets of cases—viz., those in which uric acid is formed in excess, and in the allied derangement—gout. Under their use, the acidity of the urine is moderated, and the renal irritation depending on that condition of the secretion is relieved. In gout there usually exists a preternaturally acid state of the secretions of the *primæ viæ*, perhaps even of the blood itself. The alkaline waters correct this morbid and irritating condition, to the sensible relief of the patient. A similar acid state of the secretions of the stomach, duodenum and intestines is a frequent cause of severe dyspepsia and almost intolerable spasm and griping in the jejunum and colon. A course of alkaline waters brings relief in such cases.

In treating of *mineral* waters, it may seem out of place to refer to *distilled* water, but I cannot forbear here adverting to the occasional remarkable benefit derived from this means. It will be known to some of our readers that the late Dr. Prout often prescribed it, and in two or three cases which the writer attended along with that distinguished physician, and in which distilled water was habitually employed at Dr. Prout's suggestion, good effects followed. In one case, threatened saccharine diabetes seemed to be averted. The writer has recommended the use of distilled water, with benefit, in cases of fœtid halitus from the skin, accompanied with a dirty and greasy condition of that tegument. It cannot be doubted, that as a deobstruent agent, and one peculiarly fitted to *eliminate* foreign matters from the blood, none can excel *distilled water*.

Moschus.—Musk is an antispasmodic not much to be relied on. It is said to be aphrodisiac and hypnotic; but this is doubtful. Without adverting to its employment in other circumstances, we confine ourselves to remark, that we have conjoined it, with some seeming advantage, to the bitter tonics in hysteric cases; but we are far from being certain that the resulting improvement was not due altogether to the tonic accompaniment.

Myrrh acts as a mild aromatic stimulant of the digestive process, but is seldom given separately.

Naphtha, or, as it is called in France, napthaline, which is a bicarbonate of hydrogen, may be employed in much the same way as camphor. In some spasmodic cases it may be used as a substitute for hyoscyamus.

Nicotiana.—Tobacco cannot with propriety be passed over in these Notices. There cannot be a doubt that its abuse is a fertile source of dyspeptic derangement. It at first increases, but afterwards diminishes, the secretion of saliva, as well as of mucus, and I doubt not that its protracted employment impairs the action of even the liver and pancreas. It not only lessens the amount of the saliva, mucus and bile; it also makes them thinner in consistence than they should be. It enfeebles digestion in another way—namely, by dulling the vigor of the pneumogastric nerves.

In counterpoise to these bad effects, it offers a single advantage. With many persons it acts a very sure, mild and non-exhausting aperient. This effect it no doubt produces by its action on the sympathetic nerve.

Nostalgia.—While this malady is partly of mental origin, and naturally to be accounted for by separation from accustomed persons and scenes, yet no doubt the moral affection owes its chief force to the physical prostration caused by new air, diet and habits.

Pancreas.—To the discredit of physiology the use of this organ is still unknown. There can be little doubt, that in the digestive process it plays an important part. Of late years the attention of anatomists and physiologists has been too exclusively engrossed with discoveries, or alleged discoveries, of the functions of the *nervous* system, some of which discoveries, even if all that is claimed for them were true, would add little to our previous knowledge, or to practical use.

Quassia amara, and *Quassia Simarouba.*—Both these are tonics, without either astringent or aperient properties. Both are useful in cases of simple debility of the digestive apparatus, or of the system generally, in anæmia, in intermittent fevers, in spasmodic vomiting. The simarouba is considerably employed in the West Indies against both diarrhœa and dysentery. It is alleged to moderate the griping and tenesmus of the latter disease, and, after a time, to restore the evacuatious to their natural appearance and consistence.

Rheumatism.—We shall not venture to say that derangement of the digestive organs ever, *per se*, brought on regular rheumatism; but we think it undoubted that such derangement often *predisposes* to the disease, and gives effect to morbid causes, which would otherwise have proved inoperative. It is also certain that periodic accesses of rheumatism, as of gout, are preceded usually by very marked and obstinate disturbance of the *primæ viæ*. It is not our intention to discuss the nature and treatment of rheumatism, because these are quite apart from the subjects of these Notices. We shall only, in the briefest manner, advert to that part of the treatment of rheumatism, which involves attention to the digestive organs.

Acute rheumatism, and each fresh attack or aggravation of chronic rheumatism, are usually preceded or accompanied with a sluggish state of the bowels, and a diminished flow and altered quality of urine. The

secretions of, and on, the mucous membrane generally, are lessened. Hence, thirst is felt, and the tongue appears red and dry. The liver acts imperfectly, as is proved partly by the torpid bowels, partly by the light color of the alvine discharge.

In these circumstances, pills composed of the extract of rhubarb, and calomel or blue pill, will be found decidedly the most effective. With these, hyoscyamus may be given freely—namely, in doses of from ten to twenty, or thirty grains. After the temporary torpor of the bowels has been thus gently but effectually overcome, the kidney requires attention; the uric acid with which the system is loaded requires to be eliminated by art. For this purpose we usually order draughts, containing from two to five grains of nitrate of potass, and from ten to thirty minims of the wine of colchicum. It is seldom that this combination and this dose does not produce diuresis, with marked relief of the *malaise* which usually attends. I would only premise, that in recommending the above dose, or any dose of colchicum, I take it for granted that the practitioner either previously knows its effects on the patient, or is prepared carefully to watch these.

All acids must be avoided, and this more especially by patients beyond middle age. Acids act injuriously in several ways. They reduce the temperature of the patient. Now, a deficient power of generating animal heat is one of the principal symptoms or accompaniments of rheumatism; and anything, medicinal or dietetic, that increases this inability, is to be shunned. Acids check the insensible cutaneous transpiration and the renal secretion, both of which, in rheumatism, should never be interfered with. Some portion of the acid or acids dietetically or medicinally administered by the mouth, are necessarily absorbed, and adds to the difficulty the system already has of contending with superabundant uric acid or its constituents, and the unimpeded elimination of which ought to be the chief object of our care. I have only to add that I have seen not a few *first* attacks of rheumatism, and still more *recurrences* of it, due to the use of acid fruit. I have consequently been surprised to observe the free use of lemon juice recommended in the treatment of this disease. It is certainly one of the last things which my own experience would lead me to have recourse to. Considerable attention to rheumatism warrants me in recommending, as far before all other remedial means, the large and repeated use of opium, colchicum being used in the intervals to facilitate the elimination of superabundant uric acid.—*Lancet.*

AMENORRHŒA [?]

To the Editor of the Boston Medical and Surgical Journal.

Sir,—At the time I read the case of obstructed menstruation recorded on page 492 of the last volume, by Dr. Weir, of Edwardsville, Ill., I purposed to contribute *my* mite in answer to some of his queries, and have only delayed that I might assure myself in regard to the history of

a former patient of mine, during the last few years. I will now relate the case in brief.

March 23, 1846.—Was called to see Miss ———, a young lady aged 21 years, when I learned the following particulars of her past history. Up to the age of about *fourteen* her health was as good as is usual with children, and she had no serious disease that she remembers. At about this time, her form changed slightly, and her breasts became somewhat enlarged—so that her mother, who is a lady of intelligence, expected that her menstruation would soon establish itself regularly—but notwithstanding she gave her the usual domestic drinks to induce that desirable result, she was disappointed, the health of the daughter failed, and the buoyancy of spirits, that had marked her childhood, entirely left her. From this time up to the winter of her 21st year, she remained, in form not fully developed, with narrow hips, slim chest, and her breasts not more full than is usual with girls just previous to puberty. She was pale, but not chlorotic; unable to endure exertion, desponding (almost gloomy), and unwilling to unite with the pleasures of her mates. Life to her was productive of no real pleasure. During these seven years, she had taken nearly all of the reputed emmenagogue medicines, without benefit, but almost invariably was injured by them. In the month of February previous to my being called, she had visited a neighboring town, where a physician kindly supplied her with tincture of cantharides, blue pills, tincture of guaiac., and pills of iron and myrrh. A sufficient quantity of these produced dysuria, congestion of the cephalic vessels, turgidity of countenance, and withal, severe uterine pains, but no secretion (apparent) of the menstrual fluid. At my visit on the 23d of March, these derangements had continued for several days, and were on the increase. On the first of April, she had recovered from the violence of the derangements, but then her lips and hands had assumed a *blue* appearance, and hard tumors that were somewhat tender had formed around the finger-joints and on the back of the hands, that nearly rendered them useless.

Then, for the first time, I was led to suppose that the menstrual fluid was *secreted*, and afterwards absorbed and thrown in the blood. From the 9th to the 15th of April, she had this dark cerulean hue of the lips, cheeks and hands, when I bled her freely, and it passed away. I now endeavored to rouse the patient to a more healthy and active vitality, giving her an infusion of the actæ racemosa, pills of the oxide of silver and extract of cicuta—and also the iodo-hydrargyrate of potassium as recommended by Dr. Channing—with such slight modifications as were at times demanded. For four or five months, and at nearly regular intervals, there would appear cerebral engorgements, and the *blue* tinge as described above; and each month bleeding, and bleeding only, would give relief. All this time the general health was improving, spirits becoming more buoyant, and the system becoming more fully developed; still there was no vaginal discharge, and no deposit in the cavity of the uterus. *I could not learn how the menstrual fluid entered the circulation, or where it was secreted, if secreted it was.* The ovaries were not swollen or tender, neither was the uterus enlarged in a perceptible degree.

The snake-root, silver and iodine were continued until the health became much better than the patient had enjoyed for years, when they were discontinued, and the monthly venesections were no longer demanded; yet it was not until the autumn of 1847, that the menses presented themselves *per via naturali*, to the great joy of the long and patient sufferer. Since then, nothing unusual has occurred; the patient has married, and has borne one child.

True, this is by no means a parallel case to that of Dr. Weir, but it may serve as an answer to his *second* inquiry of, "Does the catamenial secretion go on, and is it absorbed by the womb?" and it may also serve as a caution against a too meddlesome course of treatment; and induce a greater reliance upon the vital powers of the system to repair derangements, if there are no *apparent* obstacles to a favorable result.

Respectfully, C. H. CLEAVELAND.

Waterbury, Vt., March 28th, 1851.

NOTES FOR A MEMOIR ON THE PATHOLOGY OF DENTO-NEURALGIA.

BY A. C. CASTLE.

[Communicated for the Boston Medical and Surgical Journal.]

THE Boston Medical and Surgical Journal having, on a former occasion, been the medium for publishing, to the medical reading public, my "notes for a memoir on the pathology of the teeth," with the editor's permission I will continue the subject, in the following chapters upon the special dental pathology in connection with the fifth and seventh pairs of nerves, the tenth pair and cervical nerves inclusive; to which I shall also add the practical modes to be adopted for their successful treatment.

Of the numerous scientific subdivisions, into which general pathology, ætiology, &c., have been separated, none of them have escaped with less observation, or met with less investigation, than have the special pathologies of the organs of the ear and the dental organs, with the remote and obscure peculiar phenomena presented in complicated dento-neuralgic affections. This is not at all surprising, if we for a moment contemplate, by what slow and uncertain stages the march of improvement in the more demonstrable arts and sciences has proceeded. How much has been seemingly owing to the mere chance of an idea, rather than to a well-directed investigation. How rarely a master has arisen to embody into simple formulas the often complicated processes and obscure doctrines of those who have preceded him. How, then, shall we be surprised at the still slower process of diving into, and divining, the occult causes of disease? The limited knowledge heretofore possessed, and the limited amount of information hitherto advanced upon neuralgic disease, its cause, its nature, and the treatment indicated therein; the ever-recurring attempts, with a few faint glimmering views, to explain the principles, without the possession of a single fact for a baseless fabric of a theory as to the real nature of the morbid lesions, or an idea of the remote and exciting causes superinducing the various forms and com-

plications of neuralgic affections; these, so far from throwing any light upon this interesting subject, or affording any weight or consideration for our government, by which measures to their treatment for their cure are to be adapted, and which we have a right to expect, have, on the contrary, rather tended to render the pathology of neuralgic affections still more obscure, and, in common with phthisis and other chronic affections or diseases, added to the opprobrium upon medical science. It is true, that anatomical, pathological and physiological science have been long zealously engaged in the investigation and elucidation of these affections; but, unhappily for the sufferer, and unfortunately for the medical and dentistical professions, the research has thus far bidden defiance to all the efforts and pathological science of the medical philosopher. Probably there are few cases met with by the medical practitioner, or, if any, that occasion so much perplexity, or cause so much mortification, as do these derangements of the nervous system, classed under the general and not very precise term of neuralgic affections.

It is with the view of adding to the not very extensive stock of information at present in the possession of the medical profession, on this subject, that I offer these remarks. It is the object of these papers to stand the test of scrutiny, and to offer a *text* that the observations of my professional brethren may be brought with me to bear out the truths to which I now call their attention, and by their *attention* to explain still further many facts regarding dento-neuralgic disease; cherishing the hope that the pathological descriptions, deductions, illustrations and cases which in the course of my "notes" I shall detail, will not be found either unacceptable, uninteresting or uninstructive. It is much to be regretted that in the United States, than which no other country upon the face of the globe, offers so many excellent opportunities, or facilities so pre-eminent, such advantages should be neglected for studying and demonstrating dental disease, disorganization, and the many remote symptomatic and sympathetic affections and constitutional irritations dependent upon and superinduced by the abnormal condition of the dental system. Much might have been done in unravelling the hidden mysteries or causes of dento-neuralgia, in its idiopathic character, by the numerous dental practitioners crowding every city and filling every village nook on this wide-spread continent. If this information, so devoutly to be wished for, has not been attained, the reason or the truth must be told. It is because so few dentists have received a medical education, and so many are without education (in the broad sense of the term) altogether. We find all sorts of artizans, who, unable to succeed in their legitimate trades, as a *dernier resort* "take up dentistry." We admit that many of them, particularly jewellers and machinists, make excellent *mechanical dentists*, perhaps the best to be found on the face of the earth. Indeed, we know of one or two who have arrived at eminence, who commenced thirty-five years ago with filling teeth, and have never done any thing else, and know nothing else but the art of filling teeth. Yet they possess the confidence of the community as *doctors of dental surgery*, and are consulted, and with professional confidence give their opinion upon dento-surgery and dental

diseases. The medical educated dentist, on the contrary, is, singular to say, apt to run into the other extreme, and view the teeth as mechanical foreign bodies only, and for a time, till aroused, treats them mechanically, even to "argillaceous tooth-scrapers"! and "floss silk renovators"! The medical profession justly complain of that portion of the clergy who furnish every mountebank charlatan with certificates for diseases cured, which had no other existence than in their own morbid fancies. So may the educated medical dentist complain that medical men recommend dentists to their patients, who are calculated only to carry out the axiom—*ne sutor ultra crepidam.* I repeat, that it is much to be regretted that whilst in the United States the mechanical dentist far surpasses the skill of other countries, we are so far outstripped by them in accurate dental anatomists, as well as being distinguished for their physiological and dental pathological attainments. It is true that in the Baltimore College of Dental Surgery, under the auspices of the distinguished Professor—Chapin A. Harris, M.D.—as well as several other schools germing into existence in other parts of the Union, we have a brighter ray of dental education illumining the horizon of dental science.

Nosologists have classified neuralgic affections according to those nerves supposed to be the seat of pain: thus the *neuralgia facialis*—the "tic douleureux," "tic convulsif" of the French, refers to the infra-orbital nerve of the cheek (which—it will be borne in mind—first gives off the anterior nerves to the teeth, then emerges from the infra-orbital foramen and gives a widely-spread plexus to the nose muscles and lips); *neuralgia pollicis*—the *ischias nervosum*, or pain in the branches of the great sciatic nerve, and so on. In contra-distinction to this mode of classification, *I have named the affection, in this instance, from its proximate cause, that peculiar irritation of the nerves and nervous membranes, and the morbid or excited state of nervous fluid* INFUSED *(if you please) into, or acted upon by the diseased bony structure, while pressed into or traversing the capillary tubuli of the teeth.* If proofs be required that this irritation can and does exist in the dental system, the Almighty has blessed us with organs of vision for every man to see and judge for himself. As soon as this morbid dento-nervous irritation has partially developed or fully established itself in its own locality, it is symptomatically or sympathetically extended to other and remote parts of the system, either acute or subacute in its character. This may be recognized one of the most essential rules of diagnosis of those rheums and other atics without any apparent cause, dependent upon, and from a source where all the mischief has not only been entirely overlooked, but never even dreamed of in the "philosophy" of the medical attendant, and still much less known to the dental practitioner! In innumerable cases which I could cite, the patients have been subjected to the most harassing treatments—narcotics, stimulants, sedatives, irritants and counter-irritants, nervines, carbonates, acids, preparations of iron, arsenic, mercury, bleeding, cupping, leeching—drastic, alterative and aperient medicines—cold baths, warm baths, electricity, the knife and division of *the* nerve! Then homœopathy, hydropathy, the water-cure—then mesmerism and numerous other *isms*, clairvoyance inclusive, with all the kin-

dred "sciences" (excepting microscopy), have stepped in; and if the wretched sufferer has been enabled to outlive all these dreadful assaults, it has only been to sink into hopeless melancholy, the bitter resignation of despair. In these cases the whole mystery of the disease has been entirely overlooked, and the tortured individual has been accidentally! relieved from all his troubles and from all his pains by those simple instruments, the dentist's forceps or the extracting key. Now it is a fact as important and melancholy as it is notorious, that the mass of medical practitioners never think of examining the teeth of their patients. Hereditary predisposition, wounds, bruises, pregnancy, mental excitement, malaria, subcutaneous tubercles, irritation of the membranes of the spinal cord, concretions in the substance of the nerves, all sorts of causes are sought after; but when do we hear of a physician seeking for the origin of this affection in the teeth? where, five times out of ten, it may be found.

It will be necessary, so that the reader may better comprehend the subject of dento-neuralgia, to refer briefly to the anatomy and pathology of the teeth, and I may be permitted to repeat a former observation—that if multiplicity of teachers, boldness of speculation, and profundity of theory, were *all* that are necessary to illuminate any subject so that the simplest understanding might comprehend it, dental pathology, in all its aspects, should stand as clearly revealed as the sun in the heavens. But unfortunately, a multitude of words does not always enlarge the boundaries of knowledge; and abstract theories, however ingenious, are rarely more substantial than the pasteboard architecture of our childhood; and writers, generally, have been more learned than accurate, more ingenious than practical. They have almost altogether overlooked *constitutional* peculiarities; and whilst they have gone on analyzing the teeth, with the greatest patience, elaboration and ingenuity, they have left out of view the true pathology of the teeth and the effects of peculiar constitutional diathesis, as well as the effects of mechanical and external agents upon these organs.

These are not the only great errors or oversight, thus expressed in broad and general terms, that have characterized dental literature. Thus we have had an inexplicable or unmeaning pathology, based upon abstract speculations, without any explanation of conditions in the dental family, so marked and adverse, that whilst one individual is enabled to triturate glass with impunity, another is subjected to excruciating agony from the mere touch of a quill tooth-pick.

I therefore claim, and here, in the Boston Medical and Surgical Journal, would *record my right* to the priority of discovering and describing dento-neuralgic disease. Some six years since a few hints and cases were recorded by me in the London Lancet. I ask the insertion of this paragraph, because the dental is contra-distinguished from the medical profession, in the simple fact that it is an *extra-learned* profession. A medical educated man reads and acknowledges an original hint; a dentist never does.

I have in vain consulted medical and medico-dental works upon dento-neuralgic affections. Harris's Dictionary of Dental Science gives,

from the author's deep research amongst his most extensive library, the chief opinions of different writers on what the Professor terms odontalgia. Mr. Thomas Bell says—"It not unfrequently happens that parts the most remote become the apparent seat of pain from the exposure of the nerve of a tooth." Mr. Bell throws no more light upon the subject; and then we have the diagnostic mark of an exposed nerve. Dr. Good says that *neuralgia* "is often an idiopathic affection, dependent upon a peculiar irritation from a cause we cannot easily trace." "But," continues Dr. G., "it is more frequently a disease of sympathy produced by pregnancy or chronic rheumatism, or acrimony in the stomach." Dr. Wood refers to odontalgic affections, or dento-neuralgia, but only where the disease is marked by pain in the teeth. My old friend, Dr. Thomas E. Bond, Professor of Special Pathology and Therapeutics in the Baltimore College of Dental Surgeons, in his recently-published "Treatise on Dental Medicine as connected with the Study of Dental Surgery, A. D. 1851" (a book, by-the-bye, that should be in everybody's hands), under the head of neuralgia pertinently remarks—"The term neuralgia is not precise—but it is sufficient for practical distinction." "It is not certain whether the seat of the disease is in the *neurilemma* or in the nervous pulp." [?] Dr. Bond says, "In fact the ultimate nature of the nerves is too little known to permit us to hazard an opinion upon the subject." He then remarks, with much truth—"It will be perceived at once that the dentist must often be called upon to discriminate between this disease and ordinary toothache, and unless he be properly informed upon these subjects, he may add to the terrible sufferings of his too confident patient." "In most cases the neuralgia of the nerves of the jaw," he continues, "is at first mistaken for toothache, and frequently ignorant dentists have extracted tooth after tooth, and have at last relinquished the patient to his aggravated suffering." "From toothache depending upon exposed nerves, it may be *diognosed* by the evident centralizing of the pain in a certain tooth, by the aggravation of it when the tooth in fault is touched, and by the positive evidence of a cavity in the tooth, with an exquisitely-sensitive pulp exposed." Dr. Bond then truly remarks, that "we must not expect philosophical definitions in medicine." He requires facts.

These are all the facts to be gleaned on this subject, with the addition of one or two published "extraordinary cases" of neuralgia cured by the extraction of a tooth!

It will be my endeavor to show the true pathology and symptoms of this distressing complaint. I offer these remarks to the *medical profession* with great deference, in the hope that my unpretending "notes" may be accepted as a slight contribution towards a more accurate pathology on this branch of neuralgic disease; that they may be of some value in assisting the diagnosis of the medical practitioner. The belief that the medical practitioner will award justice to my remarks, has had especial influence upon my mind in offering these notes, and expending considerable money for their illustration. For I may be permitted to say, that I have seen enough to convince me that instances often occur in practice, in which the medical attendants have been placed in a rather

uncomfortable predicament, in consequence either of the want of information, or the contempt of a matter which he may very erroneously have been in the habit of regarding as beneath his careful attention or notice.

TRAUMATIC AND IDIOPATHIC TETANUS.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—I forward, for your perusal, a few notes on cases of "Traumatic and Idiopathic" Tetanus, which have fallen under my particular attention, with some remarks upon the same, hoping they may prove interesting to your readers.

The fact of a singular and as yet unaccountable local tendency to this disease, existing on this end of Long Island, early forced itself upon my notice. Such is the predisposition to "tetanus," that the most trivial wound, and apparently worthy the application only of a piece of "court plaster," or at most a poultice, excites here the most anxious apprehensions, and becomes the subject in many cases of painful surgical interference. Nor is this peculiarity confined to the human family; but sheep, swine and horses are equally susceptible to the influence. I am assured by farmers, they lose more young horses from this cause alone, during the emasculating process, than all others combined. This local tendency is no new idea, for in "Prime's History of Long Island" the same fact is recorded. Various causes have been assigned, but they appear so hypothetical as to be entitled to little notice.

Every case of "lock jaw" that has fallen under my observation, has been directly attributable to imprudent exposure to a cold, and in no case, however severe or of whatever character the wound, has any fearful symptoms supervened a proper care to exclude the atmosphere from wounds until healed; but from neglect of this, I have witnessed severe and fatal cases result from a splinter thrust beneath the nail, a slight contusion of the finger, and from a simple abrasion of the skin of the hand. Breeders of horses have informed me that "*white frost* often caused lock jaw;" and they are particularly vigilant not to allow a tired horse to remain exposed, or colts to eat the grass while the frost was upon it. The "rationale" is apparent.

That cold is an exciting cause, is also proved by the medical reports of army surgeons. "Thus it is stated that after the battle of Muskau, in the midst of great heats, very few of the French troops were affected with tetanus; whereas those who were wounded in the battle of Dresden, when the weather was *cold and wet*, were *decimated* by this complaint."

For the proximate cause of death, I am unable to account, but do not believe, as is generally supposed, it is attributable to the nerves of the heart becoming implicated.

I have not been able to anticipate the termination, from the nature of the symptoms. Spasms that would require several men to confine the patient to the bed, have terminated favorably; when a case attended with spasms so mild as to be scarce appreciable, have died when the physician was full of hope.

The treatment of tetanus is a mortifying subject, and where all remedies are *apt to fail*, I am diffident in recommending any. The aphorism of Hippocrates is true at the present day—"Tetanus, supervening upon a wound, is fatal"—notwithstanding there is an occasional exception. Any cause exciting the nervous system, aggravates the symptoms, as the sympathy of anxious friends, or the presence of weeping relatives. If the disease is traumatic, interference with the wound after the symptoms have manifested themselves is mischievous, except the case is imperative. I have been content with applying anodyne fomentations to the wound; and if the injury is in the hand or foot, occasionally placing it in a warm bath. Chloroform, in my experience, possesses this important advantage:—when the act of deglutition produces such severe spasms that an abandonment of all food and medicine seems inevitable, the exhibition of this invaluable remedy, for the time being, overcomes our greatest obstacle. A frequent resort to it, however, impairs the nervous energies of the system.

There is manifested a remarkable insusceptibility, in this disease, to the action of medicinal agents, directed to the nervous system. Inordinate doses of opium, morphine, hydrocyanic acid, brandy, wine, &c., have been taken without any apparent effect. I have administered one drachm of tinct. opii every hour, for eight consecutive hours, without any symptoms of narcotism. The same peculiarity is observable, also, in regard to galvanism. A current of the fluid that agitated a strong man, made no impression on a boy of 14 with this disease. Bloodletting I have abandoned; it apparently hastened the termination. When recovery takes place, it is never from a sudden amelioration of all the severe symptoms, but a gradual *wearing away* of the disease—the intervals between the paroxysms increasing until the body recovers its normal condition.

These remarks have been made from the observation of eleven cases. Several other cases have presented themselves in the vicinity, of the treatment of which I am ignorant. Of these cases, three have recovered. The first of these, however, presented some peculiarities on the second day, which somewhat impaired our confidence in the diagnosis. The consultation was unanimous in the opinion of "traumatic tetanus;" but the character of the spasms at times became so capricious as to resemble somewhat hysteria. The recovery took place in two weeks, with a gradual wearing away of the spasms. The wound took on no *healing action* until the entire cessation of the paroxysms.

The second successful case was a boy who run the tail of a "horse shoe" into his foot. His jaws were fixed, the muscles of back, neck and abdomen hard, even to resonance. Treated with half drachm doses of laudanum and turpentine every hour until strangury, together with turpentine liniment to spine. On the second day the jaws relaxed—he was able to bend his body easily—no spasms had set in, and he rapidly recovered.

The third case was an Irish boy, aged five years,—wound from a splinter beneath the toe nail. Spasms frequent, but mild; jaws fixed; muscles of face contracted and drawn down, presenting the expression, "risus sardonicus." Muscles of back rigid and unable to bend. For

several days previous to the development of these symptoms, his face at times presented an unnatural and semi-idiotic expression. His mother threatened to punish him for making faces at her, as she supposed. Treated with large doses of Dover's powders and quinine. R. Pulv. Dov. grs. xxv.; sulph. quinine, grs. xv.; 4 powders. One administered every four hours, and a drachm of turpentine intermediate hours. Turpentine liniment to spine. Recovery took place in ten days.

A few weeks since, a case presented itself in consultation, which closely approximated tetanus. It resulted from a contusion in the palm of the hand. Fear of lock-jaw had induced him to have it opened. Forty-eight hours afterwards the wound had become painful, he was seized with a spasm; jaws fixed for a few minutes; muscles of the neck semi-rigid and painful; tenderness on pressure over the cervical vertebræ. The hand was again opened freely, and bleeding invited by placing in warm water. Ten grains Dov. powder administered, and a tobacco poultice applied to back of the neck. Recovered without a return of spasm.

Such is the nervous excitement following a punctured wound, that whenever the circumstances permit, I invariably advise a temporary change of residence. I am not possessed of sufficient statistics to draw any reliable conclusions as to the benefit derived from this course—but the effect upon the mind has been salutary. Horses are generally killed as soon as the disease is developed. I have known of but one case of recovery; the creature was dragged to the manure heap, and there covered, excepting the head, with the warm fermenting manure. Whether it was the novel vapor-bath or nature that caused his recovery, others must decide. Yours truly, C. S. Stilwell, M.D.

Sag Harbor, N. Y., March 20th, 1851.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 9, 1851.

Meetings for Medical Improvement.—One of the great benefits arising from districting the State Medical Society of Massachusetts, has been the frequency of meetings by the members for medical improvement. The Suffolk District Society, numbering some 250 members, hold their meetings once in each month. At these meetings, pathological specimens are exhibited, and reports of the cases given; written communications upon interesting subjects connected with medicine are read; a retrospect of the practice of members is presented, including all cases that may deviate from the usual course and termination. Much discussion follows, and every member has an opportunity of taking part in it, which is attended with the greatest benefit to all concerned. We conceive there can be nothing better to draw out information from members of the profession, comprising the results of their observation and practice, than the frequency of such meetings; and it is sincerely hoped that the interest which has been manifested for the past year in the Suffolk Society will long con-

tinue. So long as it is officered by gentlemen who take such lively interest in its proceedings, as do those who have thus far managed it, there can be no doubt of its prosperity.

A Simple Cupping Instrument.—At the last meeting of the Suffolk District Medical Society for Medical Improvement, Dr. Gould exhibited to the members a novel instrument for cupping. It was made from a hollow India-rubber ball. One quite thick and firm being selected for the purpose, must be cut in halves, which then forms two complete cups. In applying one, all that is necessary is to place the concave surface on the part to be cupped, and press down the centre to exhaust the air, after which the fingers may be taken off, and the ball will be found to adhere, and quite firmly, too, by means of the vacuum created. For all the ordinary purposes of cupping, this simple contrivance will be found most effectual, and particularly in dry cupping. It has advantages over glass cups, either with or without the pump, and the cost of a dozen of them would not exceed a dollar; besides, there can be no breakage, or liability to get out of order, nor is anything required to exhaust the air from them, save the pressure spoken of, when they are applied. To the country practitioner, who cannot always have leeches at his command, this simple and cheap substitute will be most acceptable. Dr. Gould has not entered it for a *patent*, nor do we think he will, but gives it to the profession as the result of an accidental discovery. It was suggested by a distinguished obstetrician present, that the same contrivance on a larger scale might be made serviceable in certain cases in extracting the fœtus, *a la Simpson.*

External Application of Diuretics in Dropsy.—As external medication is now being made the topic of much discussion in the medical journals, it is important that its results in private practice should be made known. Our pages are ever open for practical contributions upon this subject, and we invite all who have made use of external medication in dropsies, to write out the results for the Journal. We have tried the remedy in one case, which was perfectly successful. A lady, aged 45 years, had for some months an increasing quantity of fluid accumulating in the abdominal cavity, which so distended it, that at the time of our first visit she was suffering greatly from the pressure. The quantity of urine evacuated, as is usual in such cases, was very scanty. After using the common remedies without much benefit, we were induced to try the effect of external medication, which, it affords us much gratification to say, was attended with the happiest results. Our formula was as follows:—R. Tr. digitalis, tr. scillæ, tr. saponis et opii, aa ℥ij.; aqua ammonia, oleum camphoræ, aa ℥ss.; tr. cantharides fort., ℥ij. M. This was rubbed freely into the skin three times a-day. It only required three times the quantity above mentioned to be used, before our patient was well. It is now four months since her recovery, and there has been no return of the disease; our patient is in the enjoyment of even better health than she has experienced for many years before. It might not be as effectual a remedy in every case; but we are inclined to believe, if there be *no organic disease*, in most cases the same results would follow. At any rate, it is worthy of repeated trials.

Select Medicinal Powders.—It was the custom among apothecaries in olden time, to powder their own drugs, which then could be depended upon by the physician; but as the demand for such articles increased, labor-saving mills were substituted for the pestle and mortar, and hence the drugs were sent out to be ground. This innovation in the mode of powdering would have done very well, if the parties to whom were entrusted the care and labor of preparing the drugs had always been competent and honest. The wholesale druggists who send the crude drugs to mills to be powdered, have not always been particular enough in selecting the best materials for such purpose. There is much rhubarb which is corky and worm-eaten in every chest that comes to market. A bale of ipecac. root may contain other roots and inert substances. Nevertheless, these articles are sent to be powdered in their original packages. If any selection at all has been made in these drugs before sending them to be powdered, the poorer quality was selected for the purpose, while the fair and better portion was retained for selling in its crude state. And oftentimes it has been found that these drugs are extensively adulterated; so much so, that no dependence could be placed on their activity. We deem it unnecessary at this time to enter into the particulars of the method of such adulterations, or of the extent to which the practice has been carried. Suffice it to say, that it has been done, and to a very considerable degree.

We have lately had an opportunity of examining some samples of powdered drugs which came from the celebrated establishment of Messrs. Haskell, Merrick & Bull, of New York city, and must say, that for the beauty of style in which they are put up, together with the evidence of their purity, they exceed anything of the kind we have seen. It is not long since this enterprising firm turned their attention to a new method of *selection* and powdering drugs, and we are happy to learn that the prejudices which they had to contend with in the commencement have been entirely overcome. So long as the medicines are furnished *pure*, and as nicely prepared as the samples we have seen, we can assure Messrs. Haskell & Co. that their efforts will be appreciated by the profession.

It is our intention, soon, to speak of the qualities of various drugs, and of the extent to which they may be adulterated, when it will be our pleasure to allude more particularly to the merits of the select powders above referred to.

Prophylactic Treatment of Puerperal Fever.—Dr. J. P. Mettauer, of Virginia, valuable communications from whom have formerly at different times been communicated to this Journal, describes, in the Charleston Medical Journal, a prophylactic course of treatment adopted by him in puerperal cases. He speaks first of "purging in a few hours after delivery," by the following cathartic:—R. Aloes socot., gr. vij.; scam. alep., gr. v.; calomel, gr. viij.; ipecacuanha, gr. j.; water, s. q. Make the mass into four or five pills for a dose. 2d. "Purging more remotely after delivery," by the following—R. Aloes socot., jalap rad. pulv., aa gr. viij.; colocynth. pulv., gr. iij.; water q. s. Make into three or four pills. From one to three to be taken at a time. Or, R. Aloes socot., gr. ij.; jalap pulv., gr. iij.; rhei pulv., gr. iv.; ipecacuanha, gr. j.; water q. s. Make two or three for one dose. 3d. "Purging in all cases after delivery." Under this head he remarks—

"This has been my custom for many years, believing that women are

more or less predisposed to puerperal peritonitis and fever, in every case after parturition. In twelve hours after delivery I invariably order a cathartic, mild or otherwise, no matter how favorably situated the case may be; and I believe that many cases, nay, I might with propriety say all, have been benefited by the practice more or less. I think it very probable that attacks of fever have been warded off by it, when a predisposition to the disease was not suspected. Certainly the practice greatly ameliorates the condition of the breasts during the setting in and early periods of lactation. It also guards patients against certain cutaneous and other irritations frequently consequent upon parturition. I have little doubt that it has prevented phlegmatia dolens in many instances; and I am led to this conclusion, from the fact, that no cases of this painful disease have occurred in my practice since it was adopted. Patients, however, are often unwilling to submit to it after delivery, when, as they express it, they 'feel so well.' And, in some cases, females entertain such a horror for medicine, that they will incur the danger of an attack of puerperal fever, rather than consent to take a cathartic, when they do not feel really sick."

Massachusetts Medical Society—List of Delegates to the American Medical Association.—The subscriber hereby gives notice that, according to the new by-laws of the Massachusetts Medical Society, the "*first*" meeting of the Counsellors will be held at Worcester, on the day *preceding* the annual meeting of the Society. Only those persons will be Counsellors who have been chosen such by the various District Societies *since the last annual meeting of the Society.* It is earnestly requested that all the local Secretaries will give immediate notice of election, in the various districts, not merely of the Counsellors, but of all the officers of the Societies and of delegates to the American Medical Association. In regard to the latter class, there seems to be some doubt as to the officer who should issue the credentials. Undoubtedly, a letter from the Secretary of a District Society would be a sufficient voucher; but at the suggestion of various persons, the subscriber has had a circular prepared, in the name of the Parent Society, which he will forward to all whose names may be officially forwarded to him, by the local Secretaries, as having been elected delegates.

Up to the present time, only the following names have been received as those of persons appointed to attend the meeting of the Association, which is to be held on the first Tuesday in May, at Charleston, S. C.

Middlesex South District.—Drs. H. Adams, Waltham; L. V. Bell, Somerville; T. Wellington, West Cambridge; O. Everett, Sherburne; J. S. Hurd, Charlestown.

Suffolk District.—Drs. Z. B. Adams, James Ayer, W. E. Coale, J. C. Dalton, J. B. Forsyth, G. H. Gay, C. Gordon, J. B. Gregerson, Geo. Hayward, O. W. Holmes, J. Homans, H. B. Inches, J. Jeffries, G. S. Jones, G. H. Lyman, W. W. Morland, M. S. Perry, E. Reynolds, G. C. Shattuck, Jr., John Ware, John C. Warren.

April 3, 1851. HENRY I. BOWDITCH, *Rec. Sec. Mass. Med. Soc.*

College of Physicians and Surgeons, New York.—The following account of the late Commencement at this institution is from the last number of the New York Medical Gazette.

"The Annual Commencement of this venerable Institution was held on the 13th inst. in the College Hall.

"The Trustees and Faculty were seated on the platform, when prayer was offered by Rev. Dr. Anthon, after which Dr. Alexander H. Stevens, President of the Faculty, proceeded to confer the degree of M.D. upon 56 young gentlemen out of a class of 230, a greater number than were ever before matriculated here.

"The address to the graduates was then delivered by Dr. Thomas Cock, the Vice President, counselling the class in reference to their general deportment in the community, and their demeanor to their patients, and to their professional brethren. He reminded them of the kindly relations henceforth existing between them and their Alma Mater, and expressed an affectionate interest in their future success and usefulness.

"Prayer was again offered by the Rev. Dr. Knox, in which appropriate allusion was made to the severe affliction of a member of the Faculty, Dr. Beck, whose illness prevented his presence on the occasion. The exercises then concluded by the apostolic benediction.

"The attendance was large, crowding the Hall to its utmost capacity, a great proportion of the audience being ladies. The latin formulary was used by the President in conferring the degrees, prior to which the Hippocratic oath was repeated, and assent given thereto by the candidates. The ceremonies throughout were dignified, as best befitted the occasion."

The Philadelphia College of Physicians has appointed the following named Fellows to represent it at the next meeting of the American Medical Association, to be held in Charleston, S. C., on the first Tuesday of May next:—Drs. G. B. Wood. G. Emerson, G. W. Norris, D. F. Condie, I. Hays, J. R. Paul, W. Pepper, J. Carson, W. B. Page, F. G. Smith, W. S. W. Ruschenberger, J. Neill, and Casper Morris.—*Medical News.*

Health of London.—The following, from the London Lancet of March 1st, will show the state of the public health in that metropolis in the latter part of February.

"Deaths registered for the week ending Feb. 22, 1213. The only example of a greater mortality at this period occurred in 1847, when the deaths for the week were 1253. The increase is most considerable amongst persons of advanced age. Complaints of the respiratory organs have been more than usually active; bronchitis numbers 119 persons, of whom 25 were children, 40 were persons between fifteen and sixty, and 54 had turned sixty years of age. Laryngitis and laryngismus stridulus were fatal to 7 children and an adult; pleurisy to 8 persons; pneumonia (or inflammation of the lungs) to 98, of whom 77 were children; asthma to 32; and other diseases of the lungs, exclusive of phthisis, to 12. Amongst those diseases of a tubercular character, which are mostly confined to children, tabes mesenterica was fatal in 13 cases, and hydrocephalus in 32. Deaths from zymotic or epidemic diseases, 208, which is near the usual number. Small-pox now shows a tendency to become less fatal. Hooping-cough has increased, and now predominates among epidemics; 65 children having died from it in the week, which is considerably more than the average. Twenty-nine died of measles, 9 of scarlatina, and 8 of croup. Typhus was fatal in 35 cases, of which 20 occurred in the middle period of life. Births of 792 boys and 775 girls, in all 1567, were registered. Mean barometer for the week, 29·870 in. Mean temperature of the week, 42°·5."

Coroners' Inquests.—The following, relating to a modification of the present laws respecting inquests on dead bodies, is one of the recommendations of the Sanitary Commission of Massachusetts to the Legislature of the State:—

"We recommend that the laws for taking inquests upon the view of dead bodies, now imposed upon coroners, be revised.

"In our judgment, every matter relating to life, to health and to death, should, to some extent, come under the cognizance of Boards of Health. The cause of the death of every person who dies should be fully known to them; and in their offices records of inquests upon dead bodies should be preserved. These Boards, and especially the medical health officers, are presumed to be better informed than others in relation to such questions as present themselves in investigations of this kind; and hence they would be able to act more intelligently and correctly. It sometimes happens that inquests are held when there is no occasion for them, and unnecessary expenses are incurred. For the last nine years, this State has paid, for coroners' inquests, $6,968 95; and, for the four last years, the average annual payments have been $1,030 33. This would be avoided, in part, if Boards of Health had some control over the subject, so far as to decide when inquests are necessary or expedient. We would suggest, either that some members of the local Boards of Health should be authorized and appointed to perform the duties now imposed upon coroners, in relation to holding inquests, or that the Boards should be consulted on the expediency of holding such inquests; and that, in all cases, a copy of the verdict of the jury should be returned to the Board."

American Association for the Advancement of Science. Cincinnati Meeting.—From a circular received, we learn that the next meeting of this Association will be held at Cincinnati, commencing on Monday, May 5th, 1851, at 3, P. M., and will continue through the week. The Secretary and a member of the Local Committee will be in attendance at the Burnet House, from Saturday until Monday afternoon, to direct members to the quarters secured for them.

Northern Lancet.—This ably-conducted Journal comes to us in a new form, presenting altogether a much better appearance than heretofore. We have had half a mind, several times, *to blow up the printers* of the Lancet, for the imperfect manner in which they have performed their work; for some of the numbers received the past year were scarcely readable. The form of the work is also changed, being now in a better shape for binding. It is published at Plattsburgh, N. Y., and many of its pages are devoted to the important subject of medical jurisprudence.

London Lancet.—We are under obligations to Messrs. Redding & Co., 8 State street, for the April number of the American edition of the London Lancet.

Richmond (Va.) Medical College.—The ceremonies of commencement of the medical department of Hampden Sidney College took place on Friday, 14th March, in the presence of a numerous and brilliant assembly. After the opening prayer by the Rev. Mr. Woodbridge, Prof. Maupin an-

nounced 26 gentlemen as having passed an examination, rendering them worthy of the doctorate, and the degrees were conferred by the Rev. W. Green, president of the college. The honorary degree was conferred on Edward D. Kernan, Russell county, Virginia. It was then stated that the number of candidates for the gold medal was five—each one handing in an essay of considerable merit. Two of these, one signed Faustus and the other Stethoscope, evinced such equal claims for reward, that it was found difficult to judge between them. The decision, however, was in favor of Faustus, whose real name proved to be Thomas B. Miller, of Summerville, Tenn. Dr. Green presented the medal, and addressed the successful candidate in appropriate and moving terms. The proceedings were closed by a beautiful valedictory on the part of the faculty, delivered by Dr. C. P. Johnson.—*The Stethoscope.*

Treatment of Chorea by frictions with Chloroform—M. Gassier has published three cases of chorea cured by the topical application of chloroform.

The first was that of a child, seven years of age, in whom the disease was caused by frignt. A liniment composed of equal parts of chloroform and oil of sweet almonds was rubbed, night and morning, along the course of the spine. From its first employment the violence of the muscular movements was moderated, and in six days the patient was cured.

The second case was that of a boy, twelve years of age, in whom the disease had appeared two months before as the effect of fright. The spasmodic movements were so violent that he could hold nothing in his hands, nor walk without help. At the end of a fortnight, under chloroform frictions, the disease had disappeared. A relapse, however, occurred, which was cured in two days by a return to the same means.

In a third case, of five months' standing, the result, also, of fright, the symptoms disappeared in seven days under chloroform frictions.—*L'Union Médicale.*

Medical Miscellany.—Dr. Wm. Turner, of New York city, has petitioned the Legislature of the State to pass a law making the use of the lancet in diseases a penal offence.—Dr. H. G. Clark, City Physician, of Boston, has been appointed one of the Surgeons of the Massachusetts General Hospital, in place of Dr. Geo. Hayward, resigned.

To Correspondents.—Papers have been received from Dr. George Hayward, Dr. Edward Warren, and from an old correspondent on "Professional Travel."

Married,—On board U. S. frigate Independence, Bay of Naples, by Rev. Mr. Barlow, Chaplain U. S. Navy, Dr. William R. Ballard, of New York, to Signorina Angelina D. Deo, of Naples.

Died,—Dr. James M. Alden, one of the Associate Physicians at the Marine Hospital, Staten Island, of typhus fever.—At his plantation, "Islington," on Rayou Roundaway, in the Parish of Madison, Louisiana, of erysipelas, Dr. J. W. Monette, the historian of the Valley of the Mississippi.—In San Francisco, Dr. James Swan, of Springfield, Mass., aged 28 years.

Deaths in Boston—for the week ending Saturday noon, April 5, 81.—Males, 28—females, 53. Inflammation of the bowels, 2—disease of the brain, 1—consumption, 15—convulsions, 2—croup, 1—dysentery, 1—dropsy of the brain, 3—erysipelas, 2—typhus fever, 6—typhoid fever, 2—scarlet fever, 4—lung fever, 4—brain fever, 1—hooping cough, 3—disease of the heart, 2—infantile, 6—inflammation of the lungs, 1—marasmus, 4—measles, 4—old age, 7—peritonitis, 2—smallpox, 2—teething, 1—unknown, 4—worms, 1.

Under 5 years, 38—between 5 and 20 years, 11—between 20 and 40 years, 16—between 40 and 60 years, 8—over 60 years, 8. Americans, 32; foreigners and children of foreigners, 49.

The above includes 9 deaths at the City Institutions.

Suffolk District Medical Society.—At the Annual Meeting of this Society, held at the Masonic Temple, on Wednesday, April 2, 1851, the following named gentlemen were elected officers of the Society for the ensuing year.

President, Dr. John Jeffries; *Vice President*, Dr. Samuel Cabot, Jr.; *Secretary*, Dr. Henry W. Williams; *Treasurer*, Dr. Charles Gordon; *Librarian*, Dr. William Edward Coale; *Committee of Supervision*, Dr. Z. B. Adams, Dr. N. B. Shurtleff; *Committee for examining Drugs*, Drs. A. A. Gould, George Stevens Jones, John Bacon, Jr., E. H. Clarke, H. I. Bowditch. Attest, H. W. Williams, *Secretary*.

Annual Commencement of the Baltimore College of Dental Surgery.—The annual commencement of this prosperous institution took place recently at the New Assembly Rooms, corner of Hanover and Lombard Streets, in the presence of a large audience of ladies and gentlemen. The exercises were opened at 11 o'clock, with prayer by the Rev. Dr. Piggott. Dr. Thomas E. Bond, Jr. then gave a history of the institution, and was followed by Dr. C. O. Cone, who read the report of the Infirmary attached to the College. From it we learn that 1700 cases were treated during the year, with great success and satisfaction. Dr. W. R. Handy, the Dean of the College, stated the authority by which they conferred the degree of "Doctor of Dental Surgery," when the graduates were called up in regular order, and received their diplomas from the hands of Dr. Chapin A. Harris, as follows:—

Rufus K. Chandler, of Va.; R. P. Bessant, of N. Carolina; Wm. J. Reese, of Alabama; J. Randolph Walton, of Md.; Geo. S. Jones, of Kentucky; Edward H. Howarton, of Va.; John A. Johns, M.D., of Va.; Edward S. Billups, of Georgia; Loyd T. M'Gill, M.D., of Maryland; William S. Brown, of S. Carolina; Thomas W. Bacot, do.; Richard M. Adair, of Kentucky; Ehrick Parmly, of New York; George S. Bretz, of Pa.; Thomas D. Miller, of England; James North, M.D., of Maine; Francis P. Abbot, do.—Total, 17.

The Valedictory Address, delivered to the graduating class by Dr. Eleazar Parmly, of New York, was most creditable for its originality of style and thought. After a benediction by Dr. Piggott, the audience was dismissed, very well pleased. The Independent Blues' Band, under Prof. Holland, was present, and enlivened the exercises at repeated intervals by performing a number of their fine airs. The commencement was highly gratifying to the friends of the institution, which has largely increased in popularity and usefulness during the past year, and now assumes a commanding position among the medical faculty everywhere.

Testimonial to Dr. R. D. Arnold, of Savannah, Geo.—The Managers of the Savannah Hospital presented, in November last, a splendid piece of plate to Dr. R. D. Arnold. It consists of a handsomely chased oak-leaved Epergne, of elegant design; a representation of the shepherd tending his flock, being appropriately introduced at the base. It bears the following inscription: "Presented by the Managers of the Savannah Hospital to Richard D. Arnold, Esq., M.D., in testimony of their grateful sense of the patient fidelity and skill with which he gratuitously served the Institution as Physician, during an uninterrupted period of fifteen years. 1850. 'I was sick, and ye visited me.'"—*Charleston Journal.*